



Manchester Prehospital Care Pandemic Planning Study

Presentation to the Select Board

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Why Are We Here

The Selectboard and Town Manager asked MRI to provide an outside evaluation of emergency medical services and pandemic based risk and if warranted, make recommendations for changes.

Note- Our objective was to concentrate on the Town of Manchester and not the other communities that EMS is contracted to by Northshire Rescue Squad (NRS).



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2015 Manchester/Dorset Public Safety Study

- 13 Recommendations which were known to the MRS/NRS Board but no action was taken.
 - In 2015, Manchester provided 63% of overall volume.
 - Our study raised concerns over culture and fiscal viability.
 - Lack of action on recommendations is a factor that has contributed to increasing costs for member communities.

Following this study, Chairman Ben Weiss suggested MRS would look at becoming a municipal department in Manchester or Dorset. No action was taken.



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Steps Taken to Date

- Evaluated Covid 19 planning and impacts – determined programmatic risks based on pandemic related demand.
- Data Collection and Analysis
 - Dispatch records
 - Emails
 - Agreements
 - Budgets
- Interviews
 - Police Chief – Dispatchers
 - Fire Command Staff
 - Northshire Board of Directors – Northshire Director
 - Medical Center Staff- Medical Center Foundation
 - Board of Selectmen – Town Manager



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Observations/**Findings**

1. *NRS has a deep-rooted internal culture that is not focused on the Town of Manchester as the largest customer (66-70% of volume).*
2. *Despite multiple requests, NRS has not substantively participated in any pandemic related planning with the Town of Manchester.*
3. *Town Public Safety Departments and the Town Manager indicated that there was a lack of integration, coordination and training with NRS.*
4. *Interviews revealed a perceived lack of NRS Involvement within the community (Manchester).*
5. *Members of the Board of Directors indicated that Manchester is one fifth of the communities served and all deserve equal consideration.*
6. *Members of the Board indicated that NRS would not participate in community specific events unless all members benefited.*
7. *Lack of substantive consideration of 2015 recommendations.*



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Observations/**Findings** Continued...

7. *The lack of a sense of urgency/rapid response to calls was noted as a universal interview theme and operational concern.*
8. *Manchester Public Safety Officials indicated that they regularly receive complaints/concerns.*
9. **Manchester has the highest call volume and pays 68.5% of increasing fees (\$190,000 offset by rent) (49.9% of population served).**
10. **There is no communication between the Manchester representative on the NRS Board and Selectboard or Town Manager. This is atypical.**
11. **Interviews revealed a consistent theme that NRS is largely unresponsive to Manchester's needs and requests which are far greater than the other communities served.**
12. *Members of the Selectboard indicated that cost is a driving factor in future decisions.*
13. *Members of the Selectboard indicated a willingness to explore an overall community and public health public/private partnership to reduce cost, enhance and optimize service.*



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Observations/Findings Continued...

14. The revenue stream is not optimized (towns pickup the remainder, and Manchester picks up the majority of that balance).
15. There is excessive downtime based on call volume. This could have been filled with community wellness/pandemic response events.
16. Customer service and attitude issues have been documented by public safety officials and health care providers in Manchester.
17. Despite being the largest stakeholder Manchester has little power to effect change as the NRS Board indicated that all Towns are equal.
18. The Covid 19 Pandemic has strained resources and produced an increasing service demand.
19. Pandemic planning lacks EMS involvement which has expanded the risk profile of the community.
20. Response times are excessive considering a staffed unit is based in Manchester and often exceed CAAS Standards.



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Incident Volume

	2019		2020		2021 thru 9/25	
Manchester	893	68%	770	67%	663	66%
Dorset	204	16%	200	17%	194	19%
Danby	91	7%	83	7%	57	6%
Mount Tabor	20	2%	19	2%	19	2%
Winhall	19	1%	9	1%	13	1%
Mutual aid	89	7%	70	6%	64	6%
	1,316		1,151		1,010	

Note: In 2020 service demand decreased based on pandemic concerns, 2021 data projects a 20.5% increase over 2020 volume and a 5% increase over 2019 volume. Based on the continuing pandemic this level of service demand is expected to continue to increase.



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Incident Statistics

Incidents by Month	2019	2020	2021
January	72	109	98
February	44	105	83
March	60	88	101
April	60	55	110
May	81	94	112
June	78	95	115
July	87	94	142
August	81	100	131
September	93	102	115
October	86	124	N/A
November	69	94	N/A
December	75	91	N/A

Note: 2021 numbers are from 1/1 TO 9/25

Incidents by Time of day	2019	2020	2021
0000 to 0459	120	98	104
0500 to 0759	125	103	92
0800 to 1159	325	296	223
1200 to 1659	289	273	266
1700 to 1959	282	214	168
2000 to 2359	183	167	154

Peak Hours – 1.68 calls per day

Note: 2021 numbers are from 1/1 TO 9/25

Incidents by Day	2019	2020	2021
Sunday	13.0%	12.4%	13.3%
Monday	13.4%	16.2%	14.7%
Tuesday	13.5%	14.8%	15.6%
Wednesday	16.6%	14.8%	14.1%
Thursday	14.5%	14.7%	14.1%
Friday	14.6%	13.3%	15.7%
Saturday	14.4%	13.8%	12.5%

Note: 2021 numbers are from 1/1 TO 9/25



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What are the Options

- 1) Status Quo – enhanced communication /agreement
- 2) Create a Town EMS Department
2 Plus Town Based EMS/Public Private Partnership.
- 3) Bid Private 3rd party service – not considered a viable option in the area

Option Evaluation and Comparison:

- Costs
- Advantages
- Disadvantages



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Option 1 – Continue Current Service

- Continue services with Northshire Rescue Squad (NRS)
 - Customer Service - Management change essential
 - Negotiate that NRS be more actively involved in the Manchester events and operational planning.
 - Negotiate that NRS must take an active seat at the table representing EMS in Emergency Management meetings.
 - Requires an understanding of the issues from Manchester's perspective and a strong internal commitment to change.
 - Requires a better relationship with the Town Government (administrative and public safety departments).

This may work in the short-term but is an unsustainable model as substantive Manchester focused change is contrary to internal culture observed.



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• Advantages

- Will require the least amount of work.
- Does not create the friction of change.
- No new employees will need to be hired.
- Current fund raising "subscription plan" will be able to continue.
- Known cost equation for the next few years.



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Disadvantages

- Same issues and concerns are likely to continue.
- Manchester has minimal control or management input.
- Once the NRS Agreement is signed – Manchester is committed.
- Relationships with Town Departments will become more difficult following this study.
- Likely no improvement in Manchester specific involvement.
- The revenue stream not optimized.
- Manchester is unable to control costs (approximately 14% increase in Manchester).



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Option 2/2 Plus – Transition to Town EMS System

If this option is selected the Selectboard Chair and Town Manager have stressed that the other communities served by NRS would not be left without service and that they would be invited to transition into the new system.

Our team believes this sentiment should be echoed by the Select Board.



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Option 2 -Transition to Town EMS System

- This will be the costliest option.
- Will require a solid transition plan.
- The town would hire and maintain two ambulance crews during the day and one crew at night.
- Will require a new Town Department to be created.
- License will need to be obtained from the State.
- Ambulance and equipment will need to be purchased.



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- Requires extensive public health work to develop an operational system by July 2022.
- Protocols and Procedures will need to be developed.
- Second crew should be evaluated for effectiveness after one operational year. (1.68 calls per day).
- The second crew could enhance value through pursuing a mobile integrated health strategy.



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Option 2/2 Plus – Transition to Town EMS System

If this option 2/2 Plus is selected, and NRS can not continue to provide prehospital care and transportation, current NRS Employees should be encouraged to apply to fill the positions created by the Town and should receive a wage increase. The proposed pay increase would bring wages in line with regional averages which are higher than those paid by NRS. This would increase the ability to recruit and retain high quality EMS Professionals.



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Advantages

- The Town will have full control of the program.
- Facilitates an increased level of public health and pandemic planning.
- The Town will receive revenue from transports and can accept donations for equipment.
- Allows the Town to have optional services provided after the initial set up and operational period.
- Will allow for joint fire, EMS and police training and enhance response coordination and response efforts.
- Creates a community focused culture and work ethic.
- Enhances the overall level of service to the community and reduces internal and external concerns.
- Allows for the development of community outreach and pandemic services.
- Brings police, fire and EMS under municipal direction as critical services.
- Redeploys EMS budget with a Manchester focus.
- Utilizes, technology, purchasing, finance and human resource, payroll, AP, maintenance, legal and consulting infrastructure already in place in the Town.
- Municipalities tend to be more transparent in terms of records, posting agendas, meeting minutes.



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Disadvantages

- Start up costs need to be anticipated.
- Another budget to review and approve annually.
- Increases the number of Town employees.
- Increases injury exposure.
- Creates uncertainty within the four other towns currently served by NRS.
- The Town will need to develop HIPPA protocols.



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Option 2 Plus – Public – Private System

- Create a Manchester-based system open to collaboration with other health resources.
 - Will significantly help to offset the costs of program.
 - Provide a constant training environment for staff and enhance medical skills.
 - Presents an opportunity for cost sharing of supplies and equipment.



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Advantages (in addition to those in option2)

- Allow for skills enhancement by working together with other public health resources.
- Increases flexibility (mobile outreach, Covid testing and vaccination)
- Will allow for joint purchasing of equipment at a reduced cost.
- Provides an opportunity to fundraise and donate equipment etc... to the new EMS system.
- Enhances the potential for tax deductible donations.
- Will allow for a stronger relationship between first responders and health care professionals.
- Develops a cooperative effort for QA and QI.
- Allows for full involvement with towns planning for events.
- May allow for more efficient program management.



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Disadvantages (in addition to Option 2)

- Will require an MOA, MOU or contract with partners.
- Public education required to identify this as a municipal Department supported and optimized by a private partnership.
- Would transition to a fully municipal system should the partnership not be evaluated to be beneficial to the partners.



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Public Private Partnership Six Areas of Focus

- Collaborative fundraising.
- 2nd unit available for mobile integrated health– limit downtime, maximize skills.
- Shared program management.
- Program direction/training/QA-QI.
- Economy of scale purchasing.
- Community paramedicine – revenue source.



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Financial Impacts

- Option 1 – Current and future budget as proposed by the Northshire Board. Costs have been rapidly increasing and lack the actions/controls that we outlined in 2015.

- FY 22 \$183,819.00
- FY 23 \$190,969.00

Note: this amount is offset by rent and utility payments back to Manchester for facility and dispatching utilization.



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Option 2 & 3 – July 2022 Startup

Start up cost Projection - ARPA Funding

- Program development - \$92,500
- Ambulances (10-year life expectancy – \$120,000)
 - Order 1 new purchase one used, 2-year delivery
 - Replace one unit every 5 years using a lease in arrears strategy
- Operational Equipment (5-10 year life span) \$250,000
- Communications \$20,000
- Initial drugs and disposable supplies \$20,000

TOTAL \$502,500 in ARPA Funds



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Cost Comparison

	Option 1	Option 2	Option 2 Plus
Expected Net Operational Cost	\$190,969 Gross Cost. \$ 63,334 Net Cost	Cost Change – increase of (\$15,000 – 25,000) or cost neutral subject to revenue stream.	Cost Change - \$75,000 - \$80,000 savings.
	NO CHANGE	SLIGHT INCREASE/COST NEUTRAL	POSTIVE CASH FLOW

Note: Under Option 1 - Manchester receives approximately \$127,635 in reimbursement for fixed costs (utilities, dispatch, rent) that will no longer be paid to the Town.



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MRI Recommendation

- Each of the options have some level of advantages and disadvantages.
- Option 1 will not produce substantive change
- Option 2 is the costliest but gives the town full control
- Option 2 Plus has many of the same positive attributes of option 2 with some cost sharing.



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Time for a Change?

- MRI believes that Manchester is not being served well by the current configuration and we believe this is an opportunity to enhance prehospital services provided to Manchester.
- Options 2 and 2 Plus provide an opportunity to enhance pandemic/public health planning and coordination.
- Increasing EMS involvement in Covid response and community outreach will reduce the community risk profile.
- If you are going to make a change in the EMS delivery system now is the time.
- ARPA Funding is a rare opportunity to take a new path.
- **Expect the current situation and relationships to deteriorate following the release of this study.**



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Necessary Actions

- Board needs to decide if the NRS contract will be renewed.
- If the Contract is not renewed the Board should immediately pursue the following actions:
 - The Town Manager should be authorized to immediately initiate the development of Option 2 or 2 Plus.
 - If Option 2 or 2 Plus is selected – Program development should start in January 2022.



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Thank You!

Questions and Comments

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